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I hereby revoke all previous powers of	of attorney given in the ar	oplication identified in the	attached statement under

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filed in e	ach applicati	ogether with a statement un on in which this form is use binted in this form if the app application in which this Po	d. The stater ointed practi	ner tior	nt under 37 CFR 3.7 ner is authorized to	'3(b) ma	ay be complete	a by one or	
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Name	V III	SEPH T. Pitzberald					one (408)517		
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